

**CUMULATIVE ANNUAL STATISTICS ON IMMUNIZATION AGAINST INFLUENZA VIRUS
RESIDENTS OR ADULT DAY HEALTH CARE REGISTRANTS**

RESIDENT OR REGISTRANT NAME	WAS RESIDENT/REGISTRANT IMMUNIZED AGAINST INFLUENZA VIRUS? (Check yes or no)		IF NOT IMMUNIZED AGAINST INFLUENZA, THE REASON IS - - (Check as many as apply)		
	YES	NO	REFUSED	MEDICALLY CONTRAINDICATED	RELIGIOUS BELIEFS
TOTALS:					